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APPLICANTS

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** CONTINUING DATA ***** *none* *JT*

** FOREIGN APPLICATIONS ***** *OK* *JT*

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	IRELAND	3	9	2

ADDRESS

28390

MEDTRONIC VASCULAR, INC.

IP LEGAL DEPARTMENT

3576 UNOCAL PLACE

SANTA ROSA, CA

95403

TITLE

Packaging for stents and stent delivery system

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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